

The State of EMS in Oklahoma:

The Past, Present, and Concepts for the Future

By

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“Emergency medical service (EMS) providers form a vital public health safety net by offering life-saving care to critical and unstable Oklahomans. However, ambulance providers themselves are in a situation best described as critical and unstable. Oklahoma’s EMS system is crumbling; intervention is needed to ensure access statewide” (The Governor’s EMS Readiness Task Force Final Report, Executive Summary).

The opening quote aptly summarizes the current state of affairs regarding pre-hospital emergency service in the state of Oklahoma. If you think the statement is rife with hyperbole, you are probably like most Oklahomans who never ponder the state of EMS readiness in their community until a disaster occurs. The disaster may be a tornado devastating a community, or a relative who is experiencing the crushing chest pain of a heart attack. In either instance, our lives and fortunes may well depend upon a timely, professional response by the nearest emergency medical service. Therein lies the problem. Most Oklahomans are oblivious to the fact that in all too many instances, the response will neither be prompt, or at the highest level extant in the world of pre-hospital medicine. The Governor and the EMS Readiness Task Force are to be commended for the time and effort devoted to this worthy endeavor. I will attempt to

address the subject from a slightly different perspective. I have had the privilege of working in the field of pre-hospital emergency service for the past thirty years. I have served on paid and volunteer fire departments in addition to possessing twenty-three years of active, street level experience as a Critical Care Paramedic; the past sixteen years to the present serving the citizens of Oklahoma. To coin an old colloquialism, “I don’t have a dog in this hunt” other than an abiding love for my chosen profession, and the welfare of the citizens of the great state of Oklahoma. Hence, I will state the facts as I have seen them from my vantage point. EMS in Oklahoma is indeed standing at the precipice. Whether the system is permitted to crumble into the abyss is entirely up to us. I will explore the genesis of modern EMS, examine the policies and politics that got us to this point of crisis, look at some systems that seem to work well for the citizens they serve, and offer some suggestions on how to confront the current crisis.

To understand where EMS is today, it is necessary to look back on its recent history.

According to the National Registry of Emergency Medical Technicians (NREMT.org) modern EMS, it might be argued, started forty years ago with the publication of The National Academy of Sciences (NAS) paper titled, Accidental Death and Disability: The Neglected Disease of Modern Society. The report concluded that accidental injury is “the neglected epidemic of modern Society”, and “the nation’s most important environmental health problem”. This statement was first published over forty years ago. Unfortunately, this statement remains applicable for many of the citizens of Oklahoma in the year 2008. After the publication of this

document, Congress allocated funds for pilot EMS programs; funding which was later discontinued. During that period, it was estimated that morticians were providing fifty percent of the nation's ambulance service (NAS).

This brings us to what is in my opinion a key misstep that needs to change if we are to correct the current situation: EMS should not be in the domain of private enterprise! I am aware that that statement will offend many. Please consider the fact that we would not dream of subcontracting the State Police force out to a private contractor, nor would we do this with our local fire and police departments. Why? Because these are services that are critical vis-à-vis the safety and well-being of the citizens of our state. Hence, to say that it is ok to farm our emergency medical care out to private industry is to diminish the critical roll EMS plays in our communities. Why is the roll of the person who writes the accident report deemed more critical, so critical that it has to be controlled by the state, than the person who actually renders patient care at the scene of a major accident? Why is the roll of the person who puts out the fire deemed more important, so much more important that fire department operations are controlled by local governments, than the person who is charged with resuscitating the person pulled from the fire, or caring for the firefighter injured while attempting to extinguish the fire? The conclusion I have reached regarding the private ownership of emergency ambulance services is antithetical to everything I believe concerning the free enterprise system. The entrepreneurial spirit was and is a key factor

in creating, and maintaining our way of life. The problem is that profit motive hinders the acquisition of the best equipment, and adequate pay for the medics. Unbelievably, in the year 2008 there is at least one privately owned service in southeast Oklahoma that pays its Basic EMTs *minimum wage*, and compensates Paramedics at the rate of *eight to nine* dollars an hour (source requested anonymity). According to the Governor's EMS Readiness Task Force final report, using data gleaned from the Oklahoma Employment Security Commission, the two-year Associate of Science in Nursing track widely used by registered nurses is similar in length and scope to the two-year Paramedic training course. Yet on average, registered nurses are compensated at a rate nearly double that of EMS personnel (Oklahoma employment Security Commission). Remove the profit margin and these medics could be adequately compensated for the critical service they perform. Fixing our broken system will require some form of citizen tax support. I have a major concern regarding tax dollars going into the coffers of private industry. This state of affairs would not be tolerated by any other agency charged with the safety and well-being of the citizens of Oklahoma. If we truly desire meaningful change, we must have the courage to address this issue. One county I am familiar with experienced twelve different ambulance services over a ten-year period. These "mom and pop" systems come into a community; exploit them for all they can, then move on to the next community. Good EMS systems are developed over time by reinvesting money into components such as upgrading equipment, increasing employee salaries and benefits, and ways to expand the services offered. By and large, reinvesting in the community is not the first priority of privately held EMS systems. We must make a clean break from the legacy of the mortician-run ambulance services of five decades ago.

Another critical consideration is the roll of the County Commissioners in local government. In too many instances, particularly in rural communities, the commissioners hinder positive change instead of embracing new concepts and ideas. The county commissioner form of government is an antiquated relic of a by-gone era. The story of Hughes County EMS is a classic example of county commissioners acting with total disregard for the people they were elected to *serve*. Johnny Mayfield's EMS career spans two decades. Mayfield served as director of Hughes County EMS for five years. Hughes County EMS response area covers approximately 14,000 residents. The list of improvements brought about during his tenure is indeed impressive: (1) increased available crews from two to three, with two on-call crews. (2) The service added an in-house dispatch center staffed by Basic EMTs. (3) He oversaw the construction of a new station, while increasing revenues to the degree that Hughes County could, and did donate surplus equipment to smaller services in the area. (4) He initiated installation of a state-of-the-art generator in order to insure the availability of dispatch services regardless of weather conditions. Although one would think that Mayfield would be commended for this major contribution to his community; the opposite is true. According to Mayfield, once the services' funds moved from the red side of the ledger into a state of surplus, the commissioners simply saw the EMS budget as another source of revenue to plunder for their cronies, and their pet projects. After clashing with the County Commissioners over their abuse of power, the commissioners undertook extraordinary measures in order to remove him from his position of leadership. The County Commissioners set about replacing The EMS Board members until the board was composed of members who would do their bidding. The new EMS board included the husband of an EMT whom Mayfield had fired for incompetency. The EMS Board, at the County Commissioners behest, terminated Mayfield's tenure as director. The EMS Board acquiesced to this despite the resignation of fifteen employees, and several petition drives. During our interview, Mayfield

stated that he “was astonished to see two petitions with four or five thousand signatures each in a county of fourteen thousand people”. Unfortunately, Mayfield’s experience is not unique for rural Oklahoma. Two years ago, Sequoyah County residents formed a committee to explore the feasibility of establishing a 522-ambulance district. After enlisting the aid of the OSU extension service in producing the feasibility study, and a successful, self-funded public education campaign, the Sequoyah County Commissioners simply refused to place the issue before the people they were elected to serve. The reason they refused to put the issue before the voters is simple, and all too common: two of the commissioners were up for reelection, and did not want a “tax” on the same ballot. Simply stated, the commissioners placed their self-interest above that of the people they were elected to serve. This is a prime example of why any future scheme for the betterment of EMS in the state of Oklahoma must by-pass the petty morass of local politics.

In the process of preparing this document, I submitted the following questions to the members of The Governor’s EMS Readiness Task Force:

- In your estimation is “regionalizing” the best way to address our current crisis?
- As with fire and police protection, do you think emergency ambulance services would be best delivered by government entities (state, local, Tribal, or a combination thereof)?
- Do you foresee the state of EMS in Oklahoma as being better or worse five years from now?

Two of the committee members responded. State EMS Director, Shawn R. Rogers responded to each question as follows: “Cooperatives might be a better word, but the need for very small agencies to collaborate to improve their financial viability and their ability to serve their jurisdictions is manifest.”

As to the question of government control, Mr. Rogers wrote:

“Depends on what you mean by “Government”. It will certainly have to be tax-based, as there is no real private market for EMS, but it does not have to be City vs. County, or private contractor vs. Fire Department vs. hospital-based operations. It’s up to each community to find the best “fit”, and the delivery system is much less important than the resulting organization’s commitment to high quality service”.

Concerning the question of the state of Oklahoma five years hence, Mr. Rogers wrote the following: “Better. It cannot get much worse. Our current system is based on a 1970’s model of training, reimbursement, and medical direction that is unsustainable now”.

The response submitted by State EMS Administrator Jay C. Mitchell was along the same lines, but slightly different. Regarding the creation of “EMS regions”, Mr. Mitchell wrote: In some areas it would have benefits, in others no, but it needs to be voluntary”. As to the need for government control of *emergency* delivery systems, Mr. Mitchell stated, “There is a place for both private and public service. But, to insure better benefits for, and thus better retention and recruitment, public has more potential”. Concerning the state of EMS in Oklahoma five years from now, Mr. Mitchell’s concern was that, “unless things change radically (emphasis mine) in funding, the current crisis will get worse!”

In charting a course out of our current dilemma, I agree with some of their conclusions, and commend the two officials quoted above for their concern and efforts to improve EMS in the state of Oklahoma. On some points, I respectfully disagree. As I have stated previously, emergency response should not be in the domain of private industry. The other point of departure is my contention that the ability to be reelected, time after time, trumps the needs of the people

when it comes to the county commissioner form of local government. Hence, leaving it up to the various county commissioners to ask their constituents to tax themselves in order to form ambulance districts is for the most part a non-starter. I believe the first step is to educate the public. If the public were made aware of their vulnerable state, they would demand action from the various governing bodies. According to a report produced by The National Conference of State Legislatures titled Emergency Medical Services in Rural America, under the sub-title: Snapshot of Rural Injury, the study found that:

Compared to their urban counterparts, rural Americans experience a disproportional share of injury-related deaths. Although only 20 percent of the nation's population lives in rural areas, Rhondo (Michael Rhondo, Professor and Chairman, Chief of Trauma and Surgical Critical Care, Department of Surgery, Brody School of Medicine, East Carolina University) said that nearly 60 percent of all trauma deaths occur in rural areas. Moreover, the death rate in rural areas is inversely related to the population density. Consider these facts about rural injury.

- The relative risk of a rural victim dying in a motor vehicle crash is 15 percent higher than in urban areas, after adjusting for crash characteristics, age and gender.
- Injury-related deaths are 40 percent higher in rural communities than in urban areas.
- Eighty-seven percent of rural pediatric trauma deaths did not survive to reach the hospital.

I am not aware of any concerted, sustained effort on the part of Oklahoma officials at any level to educate the people concerning the current crisis. Simultaneously, we should examine what approaches have worked for other states. The 2007 publication, Emergency Medical Services: At

the Crossroads (Committee on the Future of Emergency Care in the United States Health System; Board on Health Care, 73-118) cited two examples of what can be accomplished with vision and concerted effort. The first example is the Maryland EMS and Trauma System. The Maryland Institute for EMS Systems (MIEMSS) is the administrative lead agency for the system. MIEMSS is an independent state agency governed by an 11-member multidisciplinary board that is appointed by the governor. The system is funded through a surcharge on vehicle registrations that provides support for a broad range of statewide services, including the Maryland State Police medevac program, training and licensure of EMS personnel, medical oversight, pre-hospital care and triage protocols, trauma and specialty center designation, data management, quality improvement, and an EMS communications system. Another example cited in the report is the Austin/Travis County, Texas emergency system. The report states:

Austin/Travis County and four surrounding counties in Texas agreed to form a single EMS and trauma system to provide seamless care to emergency and trauma patients throughout the region. The initiative, which required a decade of planning, started with a fragmented delivery system consisting of the Austin EMS system, 13 separate fire departments, and a 9-1-1 service run through the sheriff's office that lacked unified protocols. These different entities agreed to come together to form a unified system that would coordinate all emergency care within the region. The system operates through a Combined Clinical Council that includes representatives of the different agencies and providers within the geographic area, including fire departments, 9-1-1, EMS, air medical services, and corporate employers. This is a "third service" system—it is separate from fire and other public safety entities. The system is supported financially by the individual entities.

These are just two examples of what can be done if the will to change is present. How not to go forward is the tried and failed method of going hat-in-hand to the state legislature year after year in an attempt to extract change from a group that is stuck on the status quo. Again, the county commissioner form of governance has to be bypassed if we are to make any progress. During a telephone interview with Mayor Shannon Vann (Sallisaw Oklahoma), the mayor reiterated his belief that the county commissioner system is “a very inefficient form of government”.

According to Mayor Vann, and I agree, this inefficiency is due to the fact that all resources are divided among the three commissioners who in turn use the funds “to simply maintain their own little kingdoms”. He believes that a county manager or administrator would produce more efficiency, and less potential for corruption. Although there are many in the public arena who would agree with the Mayor’s assertions, this well entrenched form of county governance will continue to be a part of the political landscape for the foreseeable future.

Hence, the question remains just how do we begin to extricate ourselves from this crisis. First, we must acknowledge that the state exists beyond its metropolitan population centers. At this point, I would like to reiterate the truth that in order to find the path to a better system, we must first take an unflinching look at present realities. I recently interviewed a current director of an emergency medical service who agreed to contribute his/her thoughts if he/she could remain anonymous. The individual in question has spent their entire career serving rural Oklahomans. I will refer to this individual as “the director”. The director was appointed to one of the various committees that have convened in the past with hopes of addressing our crisis. The director’s first impression was that “they all seemed to know each other”. Moreover, the most disturbing impression was that “they seemed to have already decided what they wanted to do”. These are subtle, but very disconcerting facts. First, because I believe any truly meaningful solution will

have to involve the Oklahoma Tribes in order to be successful. Secondly, the director was/is so positioned as to be able to help facilitate a union between the two governmental systems. By nature, humans are self-protective and territorial. On committees of this type, educators are concerned about how future changes may affect their institutions. Service directors are concerned about the future status of their domains. On and on it goes with the most important objective coming in last, re what is best for the common, everyday Oklahoman to whom we have a fiduciary obligation to protect and serve? We must look beyond academia, management, and the large population centers if we are to find lasting solutions. I think we should draw upon the governmental structure that is unique to the state of Oklahoma. In this state, we actually have two independent/interdependent forms of government; the state government, and the autonomous Tribes. When, not if, the next natural disaster or terrorist atrocity strikes this state, I can assure you it will be non-discriminatory. Neither the tornado, nor the terrorist will have any regard for one's ethnic heritage. If we are truly in a state of crisis, why not convene a summit meeting comprised of Tribal leaders, state officials, and members of the EMS communities. The Oklahoma Tribes are to be commended for their demonstrated interest in the health and well-being of their citizens; pre-hospital medical care would seem to be the next logical step. I believe we could establish, in short order, a fund to begin the creation of a statewide, region-based EMS system. I am not calling for the appointing of another "committee"! Generally, the way it goes is that one receives an appointment to a prestigious committee, attends the meetings being careful not to suggest anything too outside of the "group-think" mentality so as not to seem too radical while ensuring future appointments to other "prestigious" committees, writes a final report, adds the appointment to the resume, and then returns to the pre-appointment routine. The truth of the preceding statement is evidenced by the fact that only two of the seventeen members of the Governor's Task Force found the time to respond to emails regarding this report. Time does not

permit us the luxury of endless committee meetings, and piecemeal solutions. Use of the tobacco settlement fund should be on the table, because in the final analysis, this is one of our most urgent public health issues.

In conclusion, I proffer that we should first collectively determine if we are indeed in a state of crisis vis-à-vis pre-hospital emergency service in Oklahoma. Today it may be difficult to determine what is truly “a crisis”. Recently, in a country of nearly 300 million people, approximately 900 people became ill after eating a certain food. Nine hundred out of a population of nearly 300 million and we deemed it a “crisis”. Maybe the word crisis does not imply the connotation of urgency it once did. If you believe in the old concept of the word crisis, the concept that existed before the creation of twenty-four hour news cycles, then we must act with speed and diligence. In other areas of our nation, the role of EMS is expanding. Paramedics may help fill gaps by working in emergency departments, or help improve access to preventive services by assisting with public health functions such as immunization campaigns, and ear safety checks. In a number of territories in Australia and Canada (territories not too unlike some parts of rural Oklahoma), Paramedics are used extensively to meet the primary health care needs of remote communities that have little or no access to local physicians. This has multiple advantages for the local community: It decreases unnecessary transports to hospitals (by treating the less serious issues locally); reduces the burden of travel for patients; and maximizes the provider’s role in the community (Emergency Medical Services in Rural America; National Conference of State Legislatures). The goal of this assessment is not to produce definitive answers. I do hope it will challenge those in positions of power to rethink the source of the problem, and to become open to new, untried remedies as we work together for the good of the citizens of the state of Oklahoma.

I have a few closing thoughts. Much of this tome has dealt with the dysfunctional aspects of our current system. I cannot bring this treatise to a fitting close without mentioning some of the Oklahoma EMS luminaries. One shining light is Muskogee County EMS. Director Terri Mortensen has created a very effective safety net for the citizens of Muskogee County. Other organizations of note are Grove EMS, Cherokee Nation EMS (their training program is second to none), Okmulgee County EMS, Southern Oklahoma Ambulance Service (a private *not-for-profit organization*), EMSSTAT (Norman Oklahoma), REACT EMS (Shawnee Oklahoma), and last, but not least, Creek Nation EMS. The Creek Nation is the only Tribe that routinely provides in-hospital, and pre-hospital medical services to all citizens within its service area regardless of ethnic origin. I am sure I have omitted other organizations worthy of mention; I apologize. It is my fervent hope that one day soon, every area of our state is served by organizations of the caliber of those listed here.

Works Cited

Emergency Medical Services: At the Crossroads (Committee on the Future of Emergency Care in the United States Health System; Board on Health Care), 73-118

Mayfield, Johnny, Past Director Hughes County EMS

National Registry of Emergency Medical Technicians (NREMT.org)

Rhondo, Michael, Professor and Chairman, Chief of Trauma and Surgical Critical Care, Department of Surgery, Brody School of Medicine, East Carolina University

Rogers, Shawn R, State EMS Director

The Governor's EMS Readiness Task Force Final Report, Executive Summary

The National Academy of Sciences (NAS) paper titled Accidental Death and Disability: The Neglected Disease of Modern Society.

The National Conference of State Legislatures titled: Emergency Medical Services in Rural America

Vann, Shannon, Mayor Sallisaw Oklahoma

Works Cited

Emergency Medical Services: At the Crossroads (Committee on the Future of Emergency Care in the United States Health System; Board on Health Care), 73-118

Mayfield, Johnny, Past Director Hughes County EMS

National Registry of Emergency Medical Technicians (NREMT.org)

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The National Conference of State Legislatures titled: Emergency Medical Services in Rural America

Vann, Shannon, Mayor Sallisaw Oklahoma